

CHAPTER 61

INDEPENDENT CLINICAL LABORATORIES MANUAL

TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS

10:61-1.1 Purpose and scope	4
10:61-1.2 Definitions	4
10:61-1.3 Scope of services	5
10:61-1.4 Requirements for provider participation; general.....	5
10:61-1.5 Medicare-Medicaid relationship.....	6
10:61-1.6 Recordkeeping	7
10:61-1.7 Basis of reimbursement	7

SUBCHAPTER 2. PROVISION OF SERVICE

10:61-2.1 Clinical Laboratory Improvement Amendments (CLIA) requirements	9
10:61-2.2 Specific services	9
10:61-2.3 Limitations on laboratory services	10
10:61-2.4 Laboratory rebates	11

SUBCHAPTER 3. HCFS COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:61-3.1 Purpose, scope and general provisions	13
10:61-3.2 HCPCS procedure codes and maximum fee allowance schedule for Level 116	
10:61-3.3 HCPCS procedure codes, procedure description and maximum fee allowance schedule for Level 2	43

10:61-3.4 HCPCS procedure codes, procedure description and maximum fee allowance schedule for Level 3	44
10:61-3.5 Pathology and Laboratory HCPCS Codes--Qualifiers	44

SUBCHAPTER 1. GENERAL PROVISIONS

10:61-1.1 Purpose and scope

This chapter outlines the policies and procedures for coverage of clinical laboratory services that must be met in order to qualify for reimbursement under the New Jersey Medicaid program. The services of a qualified clinical laboratory for which reimbursement may be made relate only to diagnostic tests performed in a laboratory which is independent of a physician's office, a participating hospital, or other facility. Rules for laboratory services provided by other types of providers are included in the Medicaid rules for those particular providers. Diagnostic laboratory tests, for purposes of this chapter, do not include diagnostic radiological studies.

10:61-1.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Automated multichannel tests" means laboratory tests which can be and are frequently performed as groups and combinations (profiles) on automated multichannel equipment.

"CLIA" means the Clinical Laboratory Improvement Amendments of 1988, which extends the scope of Federal governmental regulation of laboratories to all laboratory sites where laboratory tests are performed, including physicians' offices. The purpose of this legislation is to uniformly ensure the quality and reliability of medical tests performed by all laboratories that test human specimens.

"CLIA Identification Number" means a 10 digit identification number issued by the Health Care Financing Administration (HCFA) to independent clinical laboratories and other entities which perform laboratory testing. A CLIA Identification Number must be on file with the New Jersey Medicaid program before payment is made for any laboratory testing.

"Clinical laboratory services" means professional and technical laboratory services provided by an independent clinical laboratory when ordered by a physician or other licensed practitioner of the healing arts within the scope of his or her practice as defined by the laws of the state in which he or she practices.

"Panel" means laboratory tests that are associated with organ or disease oriented areas, such as organ "panels" (for example, hepatic function panel). The tests listed with each panel identify the defined components of that panel.

"Profile" means a combination of laboratory tests that can be and are frequently done as groups and in combinations on automated multi-channel equipment (for example, SMA6, SMA).

"Reference laboratory" means a laboratory meeting the requirements stipulated in N.J.A.C. 10:61-1.4 which performs specific tests at the request of another approved certified laboratory.

"Service laboratory" means a laboratory meeting the requirements stipulated in N.J.A.C. 10:61-1.4 which performs specific tests on the laboratory's own premises.

10:61-1.3 Scope of services

Each laboratory shall provide the New Jersey Health Services Program, Office of Medical Affairs, Unit Code 15, PO Box 712, Trenton, New Jersey 08625-0712, with a listing of tests, including panels and profiles actually performed in its premises (address to be identified) and a current price list, including discounts, with an update of said list as capabilities change.

10:61-1.4 Requirements for provider participation; general

(a) To qualify for participation as a clinical laboratory under the New Jersey Medicaid program, the following requirements must be met:

1. Licensure and/or approval by the New Jersey State Department of Health or comparable agency in the state in which the facility is located. This includes meeting certificate of need and licensure requirements, when required, and all applicable laboratory provisions of the New Jersey State Sanitary Code (see N.J.A.C. 8:45);

2. Enrollment as an independent laboratory under the Title XVIII Medicare program (see 42 CFR 493.1);

3. Meet the requirements of an independent clinical laboratory under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) (see 42 USC 1396(a)(9)). (See N.J.A.C. 10:61-2.1(a)5.)

(b) In order to participate in the Medicaid program as an independent laboratory provider, the following documents shall be submitted to Unisys Corporation, Provider Enrollment, P.O. Box 4804, Trenton, N.J. 08650-4804:

1. Form FD-20, Medicaid Provider Application Form;
2. Form FD-62, Medicaid Provider Agreement;
3. A copy of HCFA 1513, Disclosure of Ownership, Control and Interest Statement;
4. A copy of the Medicare certification; and
5. A copy of the documents to certify the lab meets the CLIA requirements.

(c) The provider will be notified by Unisys as to whether their application for participation was approved or disapproved by the New Jersey Medicaid Program.

10:61-1.5 Medicare-Medicaid relationship

(a) Upon approval as an independent laboratory provider for Title XIX Medicaid participation and reimbursement, the requirements for independent laboratory services under the Title XVIII Medicare program shall be followed.

(b) A laboratory approved for Medicaid participation shall only provide services and be reimbursed for the specialties and subspecialties specifically approved for Medicare participation.

(c) State, county and municipal laboratories located in New Jersey may qualify for Medicaid reimbursement provided they meet the criteria in N.J.A.C. 10:61-1.4 and 1.5.

(d) Any entity that performs diagnostic tests in connection with its provider practice shall comply with this chapter and shall have a CLIA Identification Number to perform clinical laboratory testing reimbursable by the New Jersey Medicaid program. (See N.J.A.C. 10:49-24). A CLIA Identification Number must be on file with the New Jersey Medicaid program before payment is made for any laboratory testing.

10:61-1.6 Recordkeeping

(a) All requests for clinical laboratory services shall require an explicit order personally signed by the physician or other licensed practitioner requesting the services. The written order shall contain the specific test requested, and shall be on file with the billing laboratory and available for review by Medicaid representatives, along with the results of the tests billed.

(b) The written order shall contain the specific clinical laboratory test(s) requested and shall be supported by documentation in the referring physician's/practitioner's medical records.

(c) Standing orders shall be:

1. Patient specific, and not blanket requests from the physician or licensed practitioner;
2. Medically necessary and related to the diagnosis of the recipient; and
3. Effective for no longer than a 12 month period from the date of the physician's/practitioner's signature.

(d) Telephone laboratory orders shall be followed up with a written request and shall be on file with the clinical laboratory.

(e) The results of the tests billed shall be on file with the billing laboratory performing tests. The results shall be available for review by Medicaid representatives.

(f) The New Jersey Medicaid Program shall have the right to inspect all records, files and documents of in-State and out-of-State service and reference clinical laboratories which provide laboratory tests and services for New Jersey Medicaid recipients.

10:61-1.7 Basis of reimbursement

Reimbursement shall be on the basis of the lowest professional charge, not to exceed an allowance determined reasonable by the Commissioner of Human Services, and further limited by Federal policy relative to payment of clinical laboratory services. The maximum fee schedule (allowance) is set forth at N.J.A.C. 10:61-3. In no event shall the charge to the New Jersey Medicaid program exceed the provider's charge for identical services to other groups or individuals.

END OF SUBCHAPTER 1

SUBCHAPTER 2. PROVISION OF SERVICE

10:61-2.1 Clinical Laboratory Improvement Amendments (CLIA) requirements

(a) All independent clinical laboratories and other entities providing clinical laboratory services to Medicaid beneficiaries must meet the requirements of the Clinical Laboratory Improvement Amendments (CLIA) of 1988. These requirements include that the provider must have one of the following:

1. A certificate of waiver;
2. A certificate of compliance;
3. A registration certificate;
4. A certificate for provider-performed microscopy (PPM) procedures;
5. A certificate of accreditation, and a registration certificate or a certificate of compliance; or
6. Be deemed CLIA exempt due to accreditation by a private, nonprofit accreditation organization or exempted under an approved state laboratory program. (See code of Federal Regulations 42 CFR 493)

10:61-2.2 Specific services

(a) The sum of any number of the components of a battery of tests shall not exceed the total charged for the group offering (panel or profile), whether done by automation or bench testing, whether or not the equipment is available in the facility. Where batteries constitute a profile, they shall be billed in that manner. A battery of tests is considered to be those components of a test or series of tests which, when combined, mathematically or otherwise, comprise a finished identifiable laboratory study or studies. Examples are:

1. The components of a metabolic profile or other automated laboratory study;
2. An MCH, MCV, or other test, as a component of a C.B.C.;

3. Inclusive of all ova and parasites in a stool examination.

(b) If the components of a profile or panel are billed separately, total reimbursement for the components of the panel or profile shall not exceed the Medicaid fee allowance for the profile itself.

(c) In no instance shall reimbursement exceed the Medicare Fee Schedule.

(d) Where tests are referred by an approved service laboratory to an approved reference laboratory, the approved reference laboratory shall be a Medicaid provider and shall directly bill the Medicaid program for the service.

1. The initiating laboratory shall only refer clinical laboratory tests to laboratories which have a valid CLIA Identification Number and are New Jersey Medicaid approved providers.

(e) The policy on reimbursement for visits to the nursing home, residential health care facility, or to the beneficiary's home by an independent lab for the purposes of obtaining blood by venous or arterial puncture is as follows:

1. Utilize HCPCS code W8900 for visits to homebound beneficiaries in their own home or living in a residential health care facility, group home, or boarding home. This code may be used only once per trip regardless of the number of patients seen and requires a distance in excess of 20 miles per round trip.

2. Utilize HCPCS code W8920 for a visit to the first beneficiary in a nursing facility, or Intermediate Care Facility/Mental Retardation (ICF/MR). For each additional beneficiary visited, utilize HCPCS code W8925.

3. Reimbursement will not be made for travel to other sites including, but not limited to, hospitals, physician offices, or clinics.

10:61-2.3 Limitations on laboratory services

(a) Tests performed by a non-approved laboratory are not reimbursable. The referring laboratory shall verify approved status.

(b) Additional payment will not be made to a laboratory for obtaining specimens, except

when performed in a long-term care facility, boarding home, or home.

(c) A laboratory shall be reimbursed only those tests that are within the specialty/subspecialty categories indicated in its CLIA approval.

(d) Laboratory services provided primarily for the diagnosis or treatment of infertility shall not be covered by the New Jersey Medicaid program.

1. For those HCPCS procedure codes which are determined to be primarily for the diagnosis of infertility, refer to the HCPCS subchapter and the Indicator "F."

10:61-2.4 Laboratory rebates

(a) Rebates by reference laboratories, service laboratories, physicians or other utilizers or providers of laboratory service are prohibited under the Medicaid program. Rebates shall include refunds, discounts or kickbacks, whether in the form of money, supplies, equipment, or other things of value. Laboratories shall not rent space or provide personnel or other considerations to a physician or other practitioner, whether or not a rebate is involved.

END OF SUBCHAPTER 2

SUBCHAPTER 3. HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:61-3.1 Purpose, scope and general provisions

(a) The New Jersey Medicaid program uses the Health Care Financing Administration's (HCFA) Common Procedure Code System (HCPCS). HCPCS follows the American Medical Association's Physician's Current Procedure Terminology (CPT) (American Medical Association, P.O. Box 10950, Chicago, IL 60610. Attention: Order Department) architecture, employing a five-position code and as many as two two-position modifiers. Unlike the CPT numeric design, the HCFA- assigned codes and modifiers contain alphabetic characters.

(b) HCPCS has been developed as a three-level coding system. The CPT procedure narratives for Level I codes are incorporated herein by reference.

1. Level 1 codes (Narratives found in CPT). CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. (See N.J.A.C. 10:61-3.2.)

2. Level II codes are assigned by HCFA for physician and non-physician services which are not in CPT. (See N.J.A.C. 10:61-3.3.)

3. Level III codes identify services unique to the New Jersey Medicaid program. These codes are assigned by the Division to be used for those services not identified by CPT codes or HCFA assigned codes. (See N.J.A.C. 10:61-3.4.)

(c) The lists of HCPCS code numbers for Pathology and Laboratory are arranged in tabular form with specific information for a code identified under columns with titles such as: "IND," "HCPCS CODE," "MOD," "DESCRIPTION," and "MAXIMUM FEE ALLOWANCE." The information identified under each column is summarized below:

Column

Title

Description

IND (Indicator-Qualifier) Lists alphabetic symbols used to refer provider to information concerning the New Jersey Medicaid program's qualifications and requirements when a procedure or service code is used.

Explanation of indicators and qualifiers used in this column are identified below:

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

"A" preceding any procedure code indicates that these tests can be and are frequently done as groups and combinations (profiles) on automated equipment.

"F" preceding any procedure code indicates that this code, when used primarily for the diagnosis and treatment of infertility, is not covered by the New Jersey Medicaid program.

"L" preceding any procedure code indicates that the complete narrative for the code is located at N.J.A.C. 10:61-3.3 or 3.4.

"N" preceding any procedure code indicates that qualifiers are applicable to that code. These qualifiers are listed by procedure code number at N.J.A.C. 10:61-3.5.

HCPCS Lists the HCPCS procedure code numbers.
CODE

MOD Lists alphabetic and numeric symbols. Services and procedures may be modified under certain circumstances. When applicable, the modifying circumstance should be identified by the addition of alphabetic and/or numeric characters at the end of the code. The New Jersey Medicaid program's recognized modifier codes are listed below:
Modifier

Code	Description
22	Unusual Procedural Services: When the service(s) provided is greater than that usually required for the listed procedure, it may be identified by adding modifier '22' to the usual procedure number. A report may also be appropriate.
26	Professional Component: Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding the modifier '26' to the usual procedure number.
52	Reduced Services: Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's or ordering practitioner's election. Under these circumstances the service provided can be identified by its usual procedure number and the addition of the modifier '52,' signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.
TC	Technical Component: When applicable, a charge may be made for the component alone. Under those circumstances the

technical component charge is identified by adding the modifier 'TC' to the usual procedure.

QW CLIA waived test
WF Family Planning
YD Abortion Related Service

DESCRIPTION Lists the code narrative. (Narratives for Level I codes are found in CPT. Narratives for Level II and Level III codes are found at N.J.A.C. 10:61-3.3 and 3.4, respectively.)

MAXIMUM FEE Lists New Jersey Medicaid program's maximum
ALLOWANCE reimbursement schedule for Pathology and Laboratory services. If the symbols "B.R." (By Report) are listed instead of a dollar amount, it means that additional information will be required in order to properly evaluate the service. Attach a copy of the additional information report to the claim form. If the symbols "N.A." (Not Applicable) are listed instead of a dollar amount, it means that service is not reimbursable.

1. The fee listed under "Total Fee(s)" represents the combined technical and professional component of the reimbursement for the procedure code notwithstanding any statement to the contrary in the narrative. It will be paid only to one provider and will not be broken down into its component parts.

(d) When alphabetic and numeric symbols are listed under the "IND" and "MOD" columns they are qualifiers or indicators (in the "IND" column) and as modifiers (in the "MOD" column). The symbols assist the provider in determining the appropriate procedure codes to be used, the area to be covered, the minimum requirements needed, and any additional parameters required for reimbursement purposes.

1. These symbols and/or letters must not be ignored because in certain instances requirements are created in addition to the narrative which accompanies the CPT/HCPCS procedure code as written in CPT. The provider will then be liable for the additional requirements and not just the CPT/HCPCS procedure code narrative. These requirements must be fulfilled in order to receive reimbursement.

2. If there is no identifying symbol listed, the CPT/HCPCS code narrative prevails.

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

10:61-3.2 HCPCS procedure codes and maximum fee allowance schedule for Level 1

HCPCS		Maximum Fee Allowance	
IND	Code	MOD Total Fee	\$ Prof. Comp
N	36415	1.80	
N	80048	9.30	
N	80050	36.00	
N	80051	5.90	
N	80051 YD	5.90	
N	80053	10.50	
N	80055	15.00	
N	80061	15.00	
	80061 22	23.00	
N	80069	9.60	
N	80072	12.00	
N	80074	30.00	
N	80076	7.00	
N	80090	28.80	
	80100	5.20	
	80101	5.20	
	80102	15.00	
	80150	15.00	
	80152	15.00	
	80154	21.50	
	80156	20.00	
	80158	20.00	
	80160	15.00	
	80162	15.00	
	80164	10.00	
	80166	15.00	
	80168	18.00	
	80170	12.60	
	80172	1.80	
	80174	15.00	
	80176	18.00	
	80178	9.00	
	80182	12.00	
	80184	12.80	

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

80185	14.65
80186	19.00
80188	20.00
80190	15.00
80192	15.00
80194	15.00
80196	7.00
80197	15.00
80198	15.00
80200	12.60
80201	12.00
80202	12.00
80299	10.80
80400	34.00
80402	96.00
80406	98.00
80408	130.00
80410	102.00
80412	364.36
80414	61.00
80415	50.00
80416	150.00 Per Panel
80417	50.00 Per Panel
80418	640.73
80420	74.00
80422	45.00
80424	33.00
80426	130.00
80428	60.00
80430	73.00
80432	125.00
80434	100.00
80435	95.00
80436	75.00
80438	50.00
80439	74.27
80440	60.00
80500	9.00
80502	13.00
81000	1.20
81000 WF	1.20

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

81000 YD	1.20
81001	1.20
81002	1.00
81002 YD	1.00
81003	1.50
81005	1.00
81007	2.84
81015	.40
81020	4.30
81025	3.00
81025 WF	3.00
81025 YD	3.00
81050	3.40
81099	B.R.
82000	15.00
82003	26.00
82009	5.00
82010	10.00
82013	14.00
82016	12.90
82017	18.60
82024	30.00
82030	34.00
A N 82040	1.80
82042	4.30
82043	4.30
82044	1.00
82055	4.50
82075	8.80
82085	11.00
82088	40.00
82101	16.30
82103	7.80
82104	7.80
82105	10.20
82106	10.20
82108	28.17
82120	4.00
82120 QW	4.00
82127	12.90
82128	12.90

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

82131	18.64
82135	20.00
82136	18.64
82139	18.64
82140	6.00
82143	4.20
82145	12.00
A N 82150	4.50
82154	31.88
82157	29.00
82160	27.65
82163	21.00
82164	20.00
82172	20.00
82175	7.20
82180	3.60
82190	B.R.
82205	12.00
82232	17.80
82239	20.00
82240	5.69
82247	3.00
82248	4.50
A N 82251	4.50
82252	2.50
82261	18.64
82270	1.20
82273	3.70
82286	7.60
82300	30.00
82306	30.00
82307	25.00
82308	34.00
A N 82310	3.00
82330	14.70
82331	5.72
82340	3.60
82355	9.00
82360	12.00
82365	9.00
82370	9.00

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

A N 82374	3.30
82375	6.00
82376	3.00
82378	22.40
82379	18.64
82380	6.00
82382	12.00
82383	12.00
82384	18.00
82387	24.00
82390	6.00
82397	21.00
82415	15.00
A N 82435	3.00
82436	3.00
82438	3.00
82441	8.00
A N 82465	3.00
82465 WF	3.00
82480	4.50
82482	10.00
82485	30.00
82486	4.40
N 82487	4.00
N 82488	15.00
N 82489	15.00
82491	21.50
82492	21.50
82495	27.00
82507	37.00
82520	17.00
82523	15.00
82525	9.00
82528	19.70
82530	17.00
82533	17.00
82540	3.00
82541	4.40
82542	21.50
82543	21.50
82544	21.50

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

A N 82550	4.80
82552	7.80
82553	7.50
82554	16.00
A N 82565	3.00
82570	3.00
82575	4.50
82585	6.30
82595	1.50
82600	25.00
82607	15.00
82608	15.00
82615	11.00
82626	29.60
82627	29.00
82633	38.52
82634	39.00
82638	15.20
82646	25.30
82649	31.00
82651	33.00
82652	47.87
82654	13.60
82657	21.50
82658	21.50
82664	13.60
82666	22.00
82668	17.50
82670	25.00
82671	41.00
82672	25.00
82677	28.00
82679	25.00
82690	21.50
82693	12.50
82696	22.00
82705	.60
82710	7.80
82715	7.80
82725	15.50
82726	21.50

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

N	82728	16.00
	82731	6.60
	82735	24.00
	82742	26.55
	82746	10.50
	82747	18.00
	82757	22.50
	82759	11.50
	82760	15.00
	82775	27.00
	82776	8.90
	82784	11.30
	82785	16.00
	82787	39.20
	82800	5.20
	82803	16.50
	82805	8.00
	82810	10.00
	82820	14.92
	82926	6.00
	82928	6.00
	82938	22.00
	82941	16.00
	82943	19.00
	82946	13.00
A N	82947	3.00
	82947 WF	3.00
	82947 YD	3.00
	82948	1.50
	82950	3.00
	82951	5.00
	82952	1.00
	82953	10.00
	82955	6.00
	82960	7.00
	82962	2.60
	82963	26.50
	82965	6.30
	82975	19.80
A N	82977	4.80
	82978	12.00

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

82979	9.00
82980	20.00
82985	6.60
83001	17.00
83002	17.00
83003	16.00
83008	21.60
83010	12.00
83012	12.00
83013	9.00
83014	48.00
83015	10.20
83018	25.00
83020	6.00
83021	21.50
83026	2.00
83030	10.00
83033	7.00
83036	6.60
83045	1.50
83050	3.00
83051	1.20
83055	1.50
83060	3.00
83065	3.00
83068	3.00
83069	3.00
83070	6.00
83071	9.00
83080	19.20
83088	40.00
83150	12.00
83491	12.60
83497	6.00
83498	30.50
83499	30.50
83500	30.00
83505	30.00
83516	9.00
83518	8.00
83519	15.00

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

83520	B.R.
83525	12.00
83527	16.11
83528	20.00
A N 83540	4.50
A N 83550	7.20
83570	6.00
83582	6.00
83586	7.50
83593	6.00
83605	13.50
A N 83615	4.20
83625	9.00
83632	16.00
83633	6.30
83634	14.00
N 83655	9.00
83661	10.50
83662	5.00
83670	2.10
83690	4.50
83715	7.50
83716	22.00
A N 83718	8.00
83719	15.50
83721	10.00
83727	17.00
A N 83735	4.50
83775	5.90
83785	30.00
83788	4.40
83789	4.40
83805	23.00
83825	8.40
83835	10.20
83840	4.50
83857	12.00
83858	19.80
83864	13.00
83866	12.00
83872	3.20

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

83873	20.00
83874	12.00
83883	B.R.
83885	19.00
83887	20.00
83890	5.00
83891	5.00
83892	5.00
83893	5.00
83894	5.00
83896	5.00
83897	5.00
83898	20.00
83901	20.00
83902	19.00
83903	20.00
83904	20.00
83905	20.00
83906	20.00
83912	5.54
83915	6.00
83916	20.00
83918	19.00
83919	19.00
83925	22.00
83930	9.00
83935	9.00
83937	40.00
83945	17.00
83970	54.00
83986	4.30
83992	18.00
84022	20.00
84030	6.00
84035	4.90
84060	3.60
84061	3.60
84066	12.60
A N 84075	3.60
84078	3.60
84080	3.60

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

N	84081	20.00
	84085	7.90
	84087	13.50
A N	84100	3.00
	84105	3.00
	84106	1.80
	84110	7.50
	84119	3.00
	84120	7.50
	84126	34.50
	84127	15.00
A N	84132	3.90
	84133	3.90
	84134	20.00
	84135	12.00
	84138	12.00
	84140	27.50
	84143	30.00
	84144	20.00
	84146	20.00
	84150	30.00
	84153	24.50
	84154	24.50
A N	84155	1.80
	84160	1.80
	84165	6.00
	84181	20.00
	84182	23.50
N	84202	10.40
N	84203	3.00
	84206	19.00
	84207	32.00
	84210	12.80
	84220	13.00
	84228	13.60
	84233	16.00
	84234	20.00
	84235	63.20
	84238	43.00
	84244	25.00
	84252	24.00

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

84255	29.60
84260	35.20
84270	25.00
84275	16.00
84285	28.80
A N 84295	3.90
84300	3.90
84305	16.00
84307	16.00
84311	7.50
84315	3.00
84375	23.20
84376	7.00
84377	7.00
84378	14.00
84379	14.00
84392	5.60
84402	30.40
84403	32.00
84425	29.00
84430	3.60
84432	13.00
84436	6.00
84437	6.00
N 84439	10.00
84442	12.00
84443	23.00
84445	27.80
84446	16.80
84449	24.00
AN 84450	3.00
A N 84460	3.00
84466	15.20
A N 84478	7.30
84479	6.00
84480	15.00
84481	15.00
84482	15.00
84484	12.00
84485	3.30
84488	3.30

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

84490	3.30
84510	12.70
84512	10.00
A N 84520	3.00
84525	3.00
84540	3.00
84545	6.00
A N 84550	3.00
84560	3.00
84577	6.00
84578	.40
84580	2.10
84583	2.10
84585	12.00
84586	48.00
84588	45.00
84590	6.00
84597	20.00
84600	18.00
N 84620	16.00
84630	15.00
84681	22.00
84702	11.39
84702 YD	11.39
84703	3.00
84703 YD	3.00
84830	3.00
84999	B.R.
85002	1.20
N 85007	2.40
85008	1.20
85009	1.20
85013	1.50
85013 WF	1.50
N 85014	1.50
85014 YD	1.50
N 85018	1.20
N 85021	1.80
N 85022	3.00
85022 YD	3.00
N 85023	5.00

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

N	85024	4.80
	85024 YD	4.80
N	85025	5.00
	85025 YD	5.00
N	85027	4.80
	85031	3.00
N	85041	1.20
N	85044	3.00
	85045	4.00
	85046	2.75
N	85048	1.20
	85060	8.00
	85095	24.00
	85097	24.00
	85102	24.00
	85130	B.R.
	85170	.60
	85175	3.90
	85210	3.00
	85220	24.00
	85230	24.00
	85240	24.00
	85244	28.00
	85245	10.00
	85246	10.00
	85247	10.00
	85250	26.00
	85260	24.00
	85270	24.00
	85280	26.00
	85290	8.00
	85291	7.00
	85292	26.00
	85293	26.00
	85300	15.00
	85301	14.00
	85302	16.00
	85303	18.00
	85305	16.00
	85306	18.00
	85335	10.00

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

	85337	10.00
	85345	1.80
	85347	3.00
	85348	1.20
	85360	11.00
	85362	3.00
	85366	8.00
	85370	5.00
	85378	5.00
	85379	5.00
	85384	9.60
	85385	9.60
	85390	7.00
	85400	9.00
	85410	9.00
	85415	10.00
	85420	9.00
	85421	14.00
	85441	5.00
	85445	5.00
	85460	9.40
	85461	9.00
	85475	10.00
	85520	18.00
	85525	16.00
	85530	16.00
	85535	3.00
	85540	8.90
	85547	10.50
	85549	25.00
	85555	4.80
	85557	4.80
	85576	10.00
	85585	1.00
N	85590	3.00
N	85595	3.00
	85597	20.00
	85610	3.00
	85610 YD	3.00
	85611	4.50
	85612	13.00

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

85613	10.00
85635	8.40
85651	1.50
85652	1.50
85660	3.00
85670	6.60
85675	6.42
85705	7.90
85730	3.00
85730 YD	3.00
85732	3.00
85810	15.00
85999	B.R.
86000	.90
86003	4.00
86005	5.00
86021	9.00
86022	9.00
86023	15.00
86038	7.80
86039	15.00
86060	3.60
86063	1.20
86077	25.00
86078	17.00
86079	17.00
86140	3.00
86147	35.00
86148 YD	22.00
86155	14.00
86156	3.00
86157	9.00
86160	9.00
86161	9.00
86162	15.60
86171	4.50
86185	7.90
86215	18.00
86225	13.00
86226	15.00
86235	24.00

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

86243	15.90	
86255	7.80	
86256	12.50	
86277	16.00	
86280	5.40	
86308	3.00	
86309	5.00	
86310	4.50	
86316	28.00	
86317	8.00	
86318	7.00	
86320	10.50	
86325	25.00	
86327	25.00	
86329	19.00	
86331	4.50	
86332	33.00	
86334	30.00	
86337	13.71	
86340	20.00	
86341	25.00	
86343	6.00	
86344	10.86	
86353	32.00	Each mitogen
86359	40.00	
86360	55.00	
86361	55.00	
86376	6.60	
86378	26.00	
86382	20.00	
86384	10.86	
86403	8.00	
86406	6.60	
86430	1.80	
86431	4.50	
86485	4.00	
86490	4.00	
86510	4.00	
86580	4.00	
86585	4.00	
86586	4.00	

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

86590	8.00
86592	1.50
86592 YD	1.50
86593	3.00
86602	10.00
86603	10.00
86606	10.00
86609	10.00
86612	10.00
86615	10.00
86617	19.00
86618	23.00
86619	10.00
86622	8.00
86625	10.00
86628	10.00
86631	10.00
86632	15.00
86635	10.00
86638	12.50
86641	12.50
86644	12.00
86645	12.00
86648	18.00
86651	12.00
86652	12.00
86653	12.00
86654	12.00
86658	12.00
86663	12.00
86664	21.00
86665	25.00
86668	12.00
86671	15.00
86674	20.00
86677	12.00
86682	12.00
86684	15.00
86687	11.60
86688	13.00
86689	21.20

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

86692	20.00
86694	12.80
86695	12.80
86698	15.00
86701	12.00
86701 YD	12.00
86702	13.00
86703	18.00
86704	15.00
86705	12.60
86706	12.00
86707	12.00
86708	12.00
86709	12.60
86710	12.00
86713	20.00
86717	16.00
86720	15.00
86723	15.00
86727	15.00
86729	12.00
86732	15.00
86735	15.00
86738	12.00
86741	12.00
86744	12.00
86747	12.00
86750	12.00
86753	12.00
86756	12.00
86759	12.00
86762	12.00
86762 WF	12.00
86762 YD	12.00
86765	10.00
86768	12.00
86771	12.00
86774	5.40
86777	12.00
86778	15.00
86781	12.00

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

86784	8.00
86787	12.60
86790	17.00
86793	8.00
86800	13.00
86803	19.00
86804	20.00
86805	22.00
86806	22.00
86807	54.00
86808	39.00
86812	12.60
86813	19.00
86816	19.00
86817	19.00
86821	68.00
86822	50.00
86849	B.R.
86850	4.20
86850 YD	4.20
86860	4.20
86870	9.00
86880	5.00
86885	6.80
86886	5.00
86890	75.00
86891	75.00
86900	2.00
86900 YD	2.00
86901	2.00
86901 YD	2.00
86903	11.70
86904	11.70
86905	3.00
86906	2.00
86910	12.60
86911	5.00
86915	67.50
86920	12.00
86921	12.00
86922	12.00

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

	86940	9.50
	86941	12.50
	86945	8.00
	86950	32.00
	86965	25.00
	86970	15.00
	86971	15.00
	86972	15.00
	86975	25.00
	86976	25.00
	86977	25.00
	86978	35.00
	86985	25.00
	86999	B.R.
	87001	9.00
	87003	15.00
	87015	5.10
N	87040	9.00
N	87045	9.00
N	87060	9.00
N	87070	9.00
	87072	6.00
	87075	9.00
	87076	6.00
	87081	9.00
	87082	4.00
	87083	4.00
	87084	3.00
	87085	4.00
	87086	6.00
	87086 WF	6.00
	87087	2.70
	87088	2.70
	87101	8.00
	87102	8.00
	87103	8.00
	87106	8.00
	87109	14.00
	87110	15.00
	87116	6.00
	87117	9.00

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

87118	12.00
87140	3.00
87143	3.00
87145	3.00
87147	3.00
87151	3.00
87155	3.00
87158	3.00
87163	12.00
87164	6.00
87166	6.00
87174	10.00
87175	14.00
87176	6.40
87177	5.10
87181	5.80
N 87184	9.00
87184 YD	9.00
87186	11.00
87187	13.00
87188	6.00
87190	.60
87192	.60
87197	15.00
87205	4.20
87206	4.20
87207	3.00
87208	5.10
87210	2.40
87211	5.10
87220	2.40
87230	27.00
87250	25.50
87252	29.50
87253	6.00
87260	10.00
87265	10.00
87270	10.00
87272	12.00
87274	12.80
87276	12.00

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

87278	15.00
87280	12.00
87285	12.00
87290	12.60
87299	12.00
87301	12.00
87320	12.50
87324	12.50
87328	12.50
87332	12.00
87335	12.00
87338	9.00
87340	14.00
87340 YD	14.00
87350	14.00
87380	20.00
87385	15.00
87390	15.00
87391	15.00
87420	12.00
87425	12.00
87430	12.00
87449	12.00
87450	10.00
87470	20.00
87471	30.00
87472	20.00
87475	25.00
87476	38.00
87477	20.00
87480	25.00
87481	38.00
87482	20.00
87485	25.00
87486	38.00
87487	20.00
87490	20.00
87491	38.00
87492	20.00
87495	25.00
87496	38.00

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

87497	20.00
87510	25.00
87511	38.00
87512	20.00
87515	25.00
87516	38.00
87517	20.00
87520	25.00
87521	38.00
87522	20.00
87525	25.00
87526	38.00
87527	20.00
87528	25.00
87529	38.00
87530	20.00
87531	25.00
87532	38.00
87533	20.00
87534	25.00
87535	38.00
87536	117.00
87537	25.00
87538	38.00
87539	20.00
87540	25.00
87541	38.00
87542	20.00
87550	25.00
87551	38.00
87552	20.00
87555	25.00
87556	38.00
87557	20.00
87560	25.00
87561	38.00
87562	20.00
87580	25.00
87581	38.00
87582	20.00
87590	25.00

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

87591	38.00	
87592	20.00	
87620	25.00	
87621	38.00	
87622	20.00	
87650	25.00	
87651	38.00	
87652	20.00	
87797	25.00	
87798	38.00	
87799	20.00	
87810	12.00	
87850	12.00	
87880	12.00	
87899	12.00	
87999	B.R.	
88104	12.00	7.00
88106	812.00	7.00
88107	12.00	7.00
88108	12.00	7.00
88125	7.00	
88130	9.65	7.00
88140	4.20	3.00
88141	6.00	
88142	18.00	
88143	18.00	
88143 WF	18.00	
88144	18.00	
88144 WF	18.00	
88145	18.00	
88145 WF	18.00	
88147	6.00	
88147 WF	6.00	
88148	6.00	
88148 WF	2.00	
88150	6.00	
88150 WF	6.00	
88152	6.00	
88153	6.00	
88153 WF	6.00	
88154	6.00	

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

	88154 WF	6.00	
N	88155	6.00	
	88160	7.00	
	88161	12.00	7.00
	88162	59.00	
	88162 26	34.61	
	88162 TC	12.90	
	88164	6.00	
	88164 WF	6.00	
	88165	6.00	
	88165 WF	6.00	
	88166	6.00	
	88166 WF	6.00	
	88167	6.00	
	88167 WF	6.00	
	88170	30.00	
	88171	61.00	
	88172	8.00	
	88173	25.00	
	88180	26.60	
	88180 26	19.00	
	88180 TC	7.00	
	88182	64.11	
	88182 26	45.05	
	88182 TC	19.07	
	88199	B.R.	
	88230	90.00	
	88233	90.00	
	88235	90.00	
	88237	90.00	
	88239	90.00	
	88240	7.75	
	88241	7.75	
	88245	184.00	
	88248	230.00	
	88249	230.00	
	88262	172.00	
	88263	184.00	
	88264	172.00	
	88267	230.00	
	88271	16.00	

Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL

N.J.A.C. 10:61

May 23, 2002

88273	35.00	
88274	45.00	
88275	55.00	
88280	34.00	
88283	46.00	
88285	2.00	
88289	40.00	
88291	26.82	
88299	B.R.	
88300	9.35	6.55
88300 YD	9.35	6.55
88302	20.85	
88302 26	10.80	
88302 TC	10.05	
88304	26.00	
88304 26	16.67	
88304 TC	9.33	
88304 YD	26.00	
88304 YD 26	16.67	
88305	40.00	30.00
88307	59.00	44.00
88309	89.00	66.00
88311	4.00	
88312	13.00	8.00
88313	10.00	5.00
88314	12.00	7.00
88318	7.00	
88319	7.00	
88321	28.00	
88323	33.00	
88325	44.00	
88329	33.00	
88331	48.00	41.00
88332	15.00	
88342	9.00	7.00
88346	40.00	7.00
88347	45.00	7.00
N 88348	141.81	
88348 26	98.22	
88348 TC	46.59	
N 88349	88.70	

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

	88349 26	56.06	
	88349 TC	32.63	
	88355	126.00	31.50
	88356	126.00	31.50
	88358	94.50	31.50
	88362	126.00	31.50
	88365	47.25	15.75
	88371	30.00	
	88372	31.00	
	88399	B.R.	
	89050	.90	
	89051	.90	
	89060	8.50	
	89100	20.00	
	89105	6.00	
	89125	.60	
	89130	6.00	
	89132	6.00	
	89135	6.00	
	89136	6.00	
	89140	12.00	
	89141	12.00	
	89160	2.10	
	89190	2.20	
	89310	4.80	
	89320	3.00	
	89325	13.00	
	89350	16.61	
	89355	4.00	
N	89360	9.00	
	89399	B.R.	

10:61-3.3 HCPCS procedure codes, procedure description and maximum fee allowance schedule for Level 2

HCPCS				Maximum Fee	Allowance
IND	Code	MOD	Procedure Description		
N	G0001		Routine Venipuncture		\$ 1.80

**Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL**

N.J.A.C. 10:61

May 23, 2002

Q0111	Wet mount, including preparations of vaginal, cervical or skin specimens	2.40
Q0112	All potassium hydroxide (KOH) preparations	2.40
Q0113	Pinworm examination	5.10
Q0114	Fern test	9.60
Q0115	Post-coital direct, qualitative examinations of vaginal or cervical mucous	12.33

10:61-3.4 HCPCS procedure codes, procedure description and maximum fee allowance schedule for Level 3

HCPCS			Maximum Fee	
IND	Code	MOD Procedure Description		Allowance
N	W8200	Glucose, serum (separate tube, grey top)		\$ 2.00
	W8260	Haldol (haloperidol) serum, confirmation test		33.00
	W8265	Serentil, serum mesoridazine, quantitative, confirmation test		33.00
	W8730	Gonozyme, Gonococcal antigen		11.00
N	W8900	Visits to homebound beneficiaries, residential health care facility, group home, or boarding home for purpose of obtaining blood by venous or arterial puncture		10.00
	W8920	Visit to obtain blood specimens by venous or arterial puncture for the first person in a nursing facility or Intermediate Care Facility/Mental Retardation (ICF/MR)		1.80
	W8925	Each additional person in nursing facility or Intermediate Care Facility/Mental Retardation (ICF/MR)		.60

10:61-3.5 Pathology and Laboratory HCPCS Codes--Qualifiers

(a) Qualifiers for pathology and laboratory services are summarized below:

1. Codes 80048, 80050, 80051, 80053, 80055, 80061, 80069, 80072, 80074, 80076, 80090. The panels listed must include the laboratory tests assigned by the CPT as the

components of the panel. The tests listed with each of the panels identify the defined components of that panel. If any three laboratory tests included in the panel are billed a la carte, the tests must be billed as the panel. The laboratory provider may not charge Medicaid more than the lowest charge level offered to another provider. The lowest charges for the laboratory test comprising the panel must aggregate as equivalent to or greater than the listed panel fee.

2. Codes 82487, 82488, and 82489--Chromatography--must list substance (compound) tested for in block 34 (REMARKS) of the claim form.

3. Code 82728 Ferritin--When the procedure for ferritin is performed in combination with Vitamin B12 or Folate, the maximum reimbursable fee for code 82728 is \$5.00

4. Code 84081--Phosphatidylglycerol--test done on newborn or amniotic fluid to determine fetal lung maturity.

5. Code 84202--Protoporphyrin, RBC; quantitative--Utilize only for testing of anemia. Utilize code 84203--Protoporphyrin, RBC; screen when testing for anemia. Code 84203 will not be reimbursed when billed in conjunction with code 83655--Blood lead determination (quantitative).

6. Code 84620--Xylose absorption tests, blood and/or urine (D-xylose tolerance test), includes serum and urine levels, up to five hourly specimens.

7. Codes 85023 and 85025 Hematology

Note: For purpose of reimbursement based on this schedule, a complete blood count (CBC) includes a hematocrit, hemoglobin determination, RBC count, RBC indices, WBC count and differential WBC count (see codes 85021 and 85022), for a platelet count with a CBC (see codes 85023-85025).

Hematology codes 85014, 85018, 85031, 85041 and 85048 will not be reimbursed in conjunction with codes for blood count with hemogram (85021, 85022, 85023, 85024, 85025 and 85027).

The code for manual differential WBC count (85007) will not be reimbursed in conjunction with codes 85021, 85022, 85023, 85024, 85025 and 85027.

Codes for platelet count (85590 and 85595) will not be reimbursed in conjunction with codes 85023-85027.

Code 85044 may be reimbursed in conjunction with codes 85023 and 85025, when a complete hemogram is ordered.

8. Codes 87040, 87045, 87060, 87070, 87184--Cultures

Note: These codes may only be billed when a pathogenic microorganism is reported. A culture that indicates no growth or normal flora must be billed as a presumptive culture, 87081 or 87082.

9. Code 88155--Pap smear

Note: Obtaining specimen is not a separate eligible service.

10. Codes 88348 and 88349--Electron microscopy; diagnostic and scanning are not reimbursable when used as a research tool.

Note: For reimbursement purposes, Medicaid will pay for the above diagnostic scanning procedure when it pertains to x-ray microanalysis for identification of asbestos particles and heavy metals, that is, gold, mercury, etc. and also when examining tissue specimens in occasional cases of malabsorption.

11. Code 89360 Sweat (without iontophoresis) test

Note: Reimbursement not eligible for qualitative tests. For reimbursement purposes, 84295 will not be reimbursed at any additional charge. Do not bill 84295 in conjunction with 89360.

12. Code 36415 Utilize this code only for finger/heel/ear stick for collection of specimen(s). This service is reimbursable in the physician office laboratory (POL) when the specimen is not referred out to an independent clinical laboratory for testing.

Note: Finger/heel/ear stick is not reimbursable when billed by the independent clinical laboratory.

13. Code G0001 This service is reimbursable in the physician office laboratory (POL) when the specimen is not referred out to an independent clinical laboratory for testing.

Note: Venipuncture is not reimbursable when billed by the independent clinical laboratory. It is considered all inclusive as part of the laboratory test.

14. Code W8200--This code is reimbursable when submitted on same claim, and performed on same date as chemistry profiles.

15. Code W8900--This code may be used only once per trip regardless of the number of beneficiaries seen and requires a distance in excess of 20 miles per round trip.

Fiscal Agent Billing Supplement

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as a part of this chapter but is not reproduced in the New Jersey Administrative Code. When revisions are made to the Fiscal Agent Billing Supplement, replacement pages will be distributed to providers and copies will be filed with the Office of Administrative Law. For a copy of the Fiscal Agent Billing Supplement, write to:

UNISYS

P.O. Box 4801

Trenton, New Jersey 08619-4801

or contact:

Office of Administrative Law

Quakerbridge Plaza, Building 9

PO Box 049

Trenton, New Jersey 08625-0049